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A study of the opinions of public health nursing supervisors and staff nurses regarding inservice education

A STUDY OF THE OPINIONS OF PUBLIC HEALTH NURSING SUPERVISORS AND STAFF NURSES REGARDING INSERVICE EDUCATION

BY

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CHAPTER I

INTRODUCTION

Most countries of the world have undergone tremendous social changes during recent years. One of the results of these social changes has been an increased awareness of endemic health problems and the measures necessary for their control. Even in lands where high mortality rates and scourges such as malaria and leprosy were once taken for granted, there is now a demand from the people for more curative and preventive health services. An effort is being made to meet these demands by international, national, and local agencies.

The expansion of health services, however, requires both an increased number of workers and the maximum use of those already available. On the tenth anniversary of the World Health Organization the Director General spoke of the manpower problem in health work in these terms:

> There is in fact no country that has all the health workers it needs, and even in the most advanced parts of the world, there is a never-ceasing demand for more people in at least some of the many categories of personnel that are essential to forming the health team.[1]

This statement is applicable to public health nursing, as in no country of the world has the supply of public health nurses been commensurate with the demand. And yet, the public health nurse has long been regarded as an essential member of the health team. Through her acceptance into the homes of the families she cares for, she is a vanguard in the promotion of community health.

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[1] M. G. Candau, "The Man-Power Problem in Health Work," American Journal of Public Health and the Nation's Health, 48:555, May 1958.

Public health nursing is no less dynamic than the society it serves; and where social changes occur, they are followed by changes in public health nursing practice. Some of the factors which have altered the activities of the public health nurse are the increased number of vaccines, drugs, and antibiotics which have been discovered and are now in use; early ambulation of the patient which results in early discharge from the hospital; and the accent that is now placed upon the prevention of illness, and the rehabilitation of the sick and disabled. Furthermore, there are implications for public health nursing in the comparatively recent discoveries of the potentialities of atomic power, the dangers of radioactive fall out, and the development of nuclear weapons.

The consideration of expanding health services, the need for more public health nurses, and the changing pattern of public health nursing give rise to the following questions: How can the available public health nursing staff be encouraged to work to their highest potential and cover a wider field of activity? How can public health nurses secure the information and ideas which will promote their growth in their profession and equip them to meet the demands of a changing work situation?

One method of response to these questions is the establishment of inservice education programs for public health nurses. The majority of countries where a public health nursing service exists are making sincere efforts to provide such programs. In 1954 the World Health Organization expert committee on public health administration made a statement regarding the training of personnel for health work which is still true today:

> In many countries, the health services had to make the best use of whatever professional workers were available to them, and often they had to organize some form of post-graduate training

in order to orient such workers towards public health principles and practices.[2]

The type and content of an inservice education program for the public health nursing staff will necessarily vary according to the locale, the agency, and the service which is offered to the community. Regardless of these variations, however, the success of the program will depend largely upon the interest and participation of the staff. In turn, the degree of interest and participation might be related to the opinions held by the public health nursing staff regarding inservice education.

Statement and Justification of the Problem

This study was done to determine the opinions of public health nursing supervisors and staff nurses regarding inservice education. It has been the experience of the writer that even where a public health nursing service might be considered to be in its infancy, an effort is being made to establish inservice education programs. Frequently, the international worker is called upon to assist in this activity. Also, experience has shown that on occasions public health nursing staff are inclined to begrudge the time spent at sessions of an inservice education program while their routine work absorbs their full energies.

It is conceded that the opinions of public health nurses who work in an urban area in the United States are not necessarily the same as those of the nurses who work in a rural area in Asia. Nonetheless, the writer believes that a study of these opinions might provide information for the

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[2]World Health Organization, Technical Report Series No. 83, Second Report of the Expert Committee on Public Health Administration (Geneva: World Health Organization, 1954), p. 29.

public health nurse who may be concerned with establishing inservice education programs in any country.

Scope and Limitations

The participants in this study were three supervisors and a random selection of twelve staff nurses who were employed in three visiting nurse associations in a large metropolitan area in southern New England. The findings apply only to the opinions of the supervisors and the staff nurses in these three agencies and no generalizations can be made.

The data were collected through the use of an interview schedule. Appointments were made with the participants, and the interviews were carried out at times suitable to them. Each interview was held in the agency and took approximately thirty minutes.

Sequence of Presentation

Chapter II presents the theoretical framework of the study. Chapter III contains a description of the methodology employed; and Chapter IV covers the presentation and discussion of the data. Chapter V offers the summary, conclusions, and recommendations.

CHAPTER II

THEORETICAL FRAMEWORK OF THE STUDY

Review of Literature

No literature was found which discussed the opinions of public health nursing supervisors and staff nurses regarding inservice education. However, a great deal has been written about inservice education in a number of fields. As Miller reminds us, inservice education is as old as man's desire to know more in order to perform tasks better and as new as the latest teaching tool for employee preparation in a nuclear power plant.[1] Miller goes on to say that

> inservice education . . . is the intentional fulfilling of an employee's very natural desire to learn as much as possible about assigned functions and to find her place in the working environment.[2]

Brandenburg writes provocatively of education for a changing world, and his views have definite implications for the establishment of inservice education programs in public health nursing:

> No matter how much formal education an individual may have before he undertakes his life work, and regardless of its quality, it will be incomplete at the time of graduation. And unless renewed continuously, the graduate's education will become more inadequate with the passage of each year in terms of his ability as a proficient practitioner of his profession, and as a competent citizen.[3]

These concepts may well be applied to the field of public health nursing, particularly where the agency employs nurses who have not done public

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[1]Mary Annice Miller, Inservice Education for Hospital Nursing Personnel (New York: National League for Nursing, 1958), p. 1.

[2]Ibid.

[3]Ernest Brandenburg, "Education for a Changing World," Adult Leadership, 8:71, September 1959.

health nursing for a number of years.

Nicholson[4] sees inservice education as a means of helping those who remain on the staff to acquire the information they need in their daily work, and as a means of promoting job satisfaction. Poole[5] is in agreement with these views and states that graduate nurses must be informed at all times of the latest developments applicable to their own fields of work. Poole goes on to say, "An institution which provides nursing services promotes the maximum performance of personnel in direct proportion to the investment it makes in educational advantages . . . which help each worker to attain job satisfaction."[6]

Donavan[7] considers the broad purpose of inservice education to be improved nursing care, through the improvement of staff performance and staff morale. Rives[8] also finds an inservice education program a means of promoting staff morale, as well as unity and understanding within the group.

Wilson writes specifically of staff education for public health nurses and enumerates the purposes of an inservice education program in this way:

1. To assist nurses to adapt their present abilities and to acquire new ones as required by their work.

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[4]Helen Nicholson, "An Inservice Education Program for Professional Nurses," American Journal of Nursing, 53:1103, September 1953.

[5]Drusilla Poole, "Inservice Education Reaches a Milestone," American Journal of Nursing, 53:1456, December 1953.

[6]Ibid., p. 1459.

[7]Helen Murphy Donavan, "Making Inservice Education Attractive," American Journal of Nursing, 59:1442, October 1959.

[8]Ruth Easley Rives, "Inservice Education; the Supervising Nurse," Public Health Nursing, 44:394, July 1952.

2. To promote professional development of staff which yields work satisfaction and increased identification with the agency program.

3. To provide the agency with a nucleus of staff whose mastery and influence in their work contribute to an increasingly high quality of service.

4. To assure the agency of staff prepared to assume different or added responsibilities when the need appears.[9]

Consideration of these purposes suggests that Wilson anticipates that an inservice education program will benefit the public health nurse, the agency, and the community, both at present and in the event of expansion or change in the services offered.

Nicholson expresses the purposes of an inservice education program in a different manner:

1. To stimulate the interest of all nursing personnel in giving more complete care to patients through better understanding of their physical, psychological, emotional, and spiritual needs.

2. To present . . . material which will better equip the nursing personnel to meet the needs of the patient in a more satisfactory way.

3. To develop among the nursing personnel an awareness of the need for teaching both the patients and their families good health habits, and how to give the service care the patients will need after they leave hospital.

4. To develop among the nursing personnel a better understanding of the team concept which should result in improved total care of patients.

5. To promote among the nursing personnel a greater feeling of satisfaction and stability in their jobs through a better knowledge of how to perform them intelligently and efficiently.[10]

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[9]Dorothy Wilson, "Staff Education: Its Principles and Purposes," Public Health Nursing, 41:126, March 1949.

[10]Nicholson, op. cit., p. 1103.

Germain[11] believes that inservice education promotes better nursing care and that it is a means of keeping up-to-date with continuous changes in nursing and related fields, and an aid in the understanding of the policies and philosophy of the agency concerned.

Wilson writes in detail of the principles which underlie the establishment of an inservice education program in any public health nursing agency. According to Wilson, such a program should have:

1. Aims based on co-operative study of present and anticipated agency functions, and the assistance nurses will require to implement them.

2. General direction, assigned as an integral part of the agency administration, by one person recognized by the staff as professionally competent and mature.

3. Long term plans assuring continuity and flexibility by providing for persistent and recurring needs of staff, and allowing for needs created by changing conditions.

4. Placement of educational activities which tends to integrate them with other activities essential to the agency's program.

5. Selection of specific activities which recognizes and uses the contributions made to the professional and personal growth of the staff by other educational resources available in the community.

6. Balance among the activities provided for the total staff, for parts of the staff, and for individual members, which reflects the proportionate value of such activities to the agency program.

7. Leadership that promotes participation in planning and operating activities by all members, in keeping with each individual's present ability and interest.

8. Leadership in particular activities determined by an individual's ability to provide new information, help clarify ideas, and stimulate new learning.

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[11]Lucy Germain, "Continuing Inservice Education," American Journal of Nursing, 51:670, November 1951.

9. Definite allotment of agency resources, both material and human, and responsible accounting of their use.

10. Provision for periodic review, evaluation, and revision of the program.[12]

In the literature available regarding type and content of inservice education programs there is general consensus of opinion that there is no "best" program for all situations. Gabig[13] says that the program should stem from the needs, preparation, and personalities of the group, the finances available, and the characteristics of the community.

Erickson,[14] in writing of inservice education programs for guidance workers, reiterates these views. He points out that it is not only impossible, but it is undesirable to have a blueprint of a "best plan"; and that the resourceful administrator will adopt any suggestions which he thinks will fit the situation. Again, a committee for the National League for Nursing,[15] which prepared a guide on staff education for public health nursing services, considered that the program should be designed to meet the needs of the individuals and the groups which are concerned with the job to be done.

Warters[16] writes of inservice education for teaching personnel, and is of the opinion that participation in any program should be voluntary

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[12]Wilson, op. cit., p. 126.

[13]Mary Grace Gabig, "Inservice Education for General Duty Nurses," American Journal of Nursing, 53:452, April 1953.

[14]Clifford E. Erickson, A Basic Text for Guidance Workers (New York: Prentice-Hall, Inc., 1947), p. 402.

[15]Staff Education. A Guide for Public Health Nursing Services (New York: National League for Nursing, 1955), p. 4.

[16]Jane Warters, High School Personnel Work Today (New York: McGraw-Hill Book Co., Inc., 1956), p. 310.

rather than mandatory. On the other hand, Freeman writes of inservice education programs in public health nursing agencies and has this to say:

> Full participation in such activities will result in much greater benefit than just saying present when the attendance roll is called. Advance preparation makes it possible to take full advantage of the program.[17]

Germain[18] and Rhyan,[19] in writing of inservice education in the hospital setting, suggest that all categories of personnel should participage in the programs and that such participation should contribute to improved patient care. Again, other writers[20] point out the advantages to the nurses and the community where inservice education programs are attended by both hospital and public health nursing staff together. Caswell elaborates this view by saying:

> As public health nursing practice changes due to medical advances, it becomes necessary for nursing services both in and outside the hospital, to become integrated. An inservice education program is one method of attaining such integration.[21]

The importance of the evaluation of an inservice education program is discussed by many writers. It is generally considered that the clearer the objectives of the inservice education program, the simpler the evaluation will be; and that evaluation points out the gaps in the present program

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[17]Ruth B. Freeman, Public Health Nursing Practice (Philadelphia: W. B. Saunders Co., 1957), p. 413.

[18]Lucy Germain, Educational Programs for Nursing Service Personnel (New York: G. P. Putnam's Sons, 1958), p. 313.

[19]Martha L. Rhyan, "Inservice Education for Everybody," American Journal of Nursing, 58:1118, August 1957.

[20]Helen J. Gore, Adele L. Reynolds, and Edna L. Roberts, "Community Action in Nursing Education," American Journal of Nursing, 57:1458, November 1957.

[21]Phyllis Caswell, "Developing an Inservice Education Program," Nursing Outlook, 2:152, March 1954.

and facilitates the planning for the future. Donavan[22] suggests that methods of evaluation might include questioning the participants as to their views, observing their subsequent performance, and regarding any change in staff turnover which may occur. Miller[23] is of the opinion that although the process of evaluation has now become a specialized field, the evaluation of an inservice education program really boils down to one aspect, the evaluation of the employee's attainment.

Heidgerken[24] writes of inservice education in connection with research and considers that the program should help the nursing staff to make a scientific study of its services so that carefully collected data are available as a basis for making decisions and changes.

A special committee of the Maryland League for Nursing makes a general statement of philosophy for the continuing education of nurses:

> . . .The education of nurses should provide for orientation to the broad areas of social and cultural thought that influence professional services and education, for sound preparation in the sciences that are basic to nursing, and for constant retraining and dynamic re-interpretation of the changing skills and services of nursing itself.[25]

The World Health Organization Expert Committee on Nursing[26] discusses the importance of inservice education in the public health nursing

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[22]Helen Murphy Donavan, "Inservice Programs and Their Evaluation," Nursing Outlook, 4:633, November 1956.

[23]Miller, op. cit., p. 58.

[24]Loretta Heidgerken, "Inservice Education and Research," Nursing Outlook, 7:474, August 1959.

[25]Special Committee of Maryland League for Nursing, A Plan for Continuing Education of Nurses (New York: National League for Nursing, 1956), p. 1.

[26]World Health Organization, Technical Report Series No. 167 (Geneva: World Health Organization, 1959), p. 19.

field and sees it as a factor which promotes cohesion of workers in the public health program. The Committee goes on to say that the periodic sharing of experiences or knowledge with other nurses or members of the health team, and formal and informal instructional programs, are essential measures for keeping knowledge and skills up-to-date and properly related to the other aspects of the public health program.

Hall presented a paper at an Institute on inservice education for nurses at Kansas City in February, 1959, and warned of the fallacy of any nurse thinking that her basic education was sufficient preparation for her profession. Hall goes on to say:

> Basic professional preparation can be, at best, only a kind of grammar school experience upon which must be built life-long clinical experience, and continued formal and informal educational experience.[27]

The review of the available literature on inservice education suggests that regardless of the field of interest there are certain principles and concepts propounded which are applicable to the field of public health nursing. Broadly speaking, the purpose of any inservice education program is to produce a more efficient and satisfied worker who in turn will provide a better service to the community. The type and content of the program will vary according to the locale, the requirements of the participants, and the peculiarities of the work situation. Evaluation is necessary as a basis for future planning. Finally, it is suggested that no professional workers ever reach the stage when they have learned all there is to know about their professions.

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[27]Bernard H. Hall, "Creating a Climate for Learning," Nursing Outlook, 7:421, July 1959.

CHAPTER III

METHODOLOGY

Selection and Description of Sample

The participants in the study were three supervisors and twelve staff nurses who were employed in three visiting nurse associations in a large metropolitan area in southern New England. Each visiting nurse association employed a director and a supervisor; two employed nine staff nurses; and the other employed fifteen staff nurses. Each agency had an inservice education program. The services offered to the community included bedside nursing, maternal and child health services, and health supervision for children and adults. One agency also had a part-time industrial nursing service.

Four staff nurses were randomly selected by the director of each agency in the following manner: The name of each staff nurse was written on a separate piece of paper and placed in a container. One name was withdrawn, noted, and returned to the pool. This procedure was repeated until four names had been withdrawn.

Nine participants were between the ages of twenty and twenty-nine, three were between thirty and thirty-nine, and three were forty years or over. Their experience in public health nursing varied from three months to twenty-eight years.

Three participants were graduates of basic collegiate programs and twelve were graduates of diploma programs. Of the latter group, six had further academic credits ranging in number from four to twenty-one, five had bachelor's degrees, and one had a master's degree.

Tools Used to Collect Data

The method used to collect the data was an open-ended interview schedule. This method was chosen because it permitted a measure of freedom in response and the participant would be able to emphasize those opinions which she thought were most important. Again, this method allowed the investigator to clarify any questions which might not be understood by the respondent.

Preparation of the Interview Schedule

An interview schedule of twenty-five questions was compiled. The areas covered were personal and professional backgrounds of the participants; the importance of, and the purposes of, an inservice education program in a public health agency; the planning, type, and content of such a program; staff participation in the program, and its application to the work of the public health nurse. The questions arose from discussions with public health nurses in the United States and from the investigator's experience of inservice education programs in other countries.

The schedule was tested by interviewing three graduate students in public health nursing at Boston University School of Nursing. As a result of this test, certain questions were broken down into smaller units of inquiry, making a total of twenty-five questions in the final draft.

Procurement of Data

The writer contacted the directors of the three visiting nurse associations by telephone and asked permission to conduct the study. Meetings were planned with two directors in order to discuss the study and the procedures to be followed. Two further visits were made to these agencies

to collect the data. The director of the third agency suggested that the study and procedures should be discussed by telephone, as this would avoid unnecessary travel by the investigator. This suggestion was followed and the data were collected during one subsequent visit to the agency.

In all cases, the director arranged the meetings between the participants and the interviewer. Each interview took approximately thirty minutes and was held in the agency during working hours.

CHAPTER IV

FINDINGS

Presentation and Discussion of Data

The questions in the interview schedule were formulated so that the responses would indicate opinions in the following areas:

1. The importance of an inservice education program in public health nursing and the planning and purposes of such a program.
2. The frequency, type, and content of the program.
3. Participation in the inservice education program and application of the learning experience to the work situation.

The findings of the study will be presented and discussed in this order.

Opinions related to area 1:

The three supervisors and ten staff nurses considered that an inservice education program was important in any public health agency. A typical qualifying remark was, "Definitely, I'm all for them." Two staff nurses said that they had no particular opinions about inservice education. They had graduated and entered the field of public health nursing within the last eighteen months.

All the respondents thought that an orientation program was an essential part of inservice education. The reasons given corresponded with those stated by Miller,[1] who wrote that orientation was essential for new employees and those assuming new responsibilities. The respondents added that an orientation program permitted new staff members to learn the policies and procedures of the agency and informed them of available com-

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[1] Mary Annice Miller, Inservice Education for Hospital Nursing Personnel (New York: National League for Nursing, 1958), p. 21.

munity resources. Six respondents thought that an orientation program helped the adjustment of the new staff member and that a better service to the agency and the community would be the result. One staff nurse thought that an orientation program could be too long as "one must learn by doing things, not by being told." Another thought that "orientation is never long enough." This respondent was in the younger age group and had only been employed for one year in public health nursing. Her opinion could have indicated a measure of insecurity in her work at that time.

The respondents were asked how they would plan an ideal inservice education program. They all said that they would meet with the staff and discuss their interests. Six staff nurses added that they would plan the program according to the resources which were available in the community. Another staff nurse said that she would discuss the plan with the personnel in other agencies who might be interested in inservice education programs for public health nurses.

Table 1 shows the replies given by the respondents when they were asked their opinions about who should plan inservice education programs.

TABLE 1.-- Opinions of supervisors and staff nurses regarding the planning of an inservice education program in public health nursing

Responses	Agency 1		Agency 2		Agency 3		Total Responses		
	Super-visors	Staff Nurses	Super-visors	Staff Nurses	Super-visors	Staff Nurses	Super-visors	Staff Nurses	Total
Should be planned by director or supervisor.				1				1	1
Should be planned by partici-pants.....	1	4		2			1	6	7
Over-all planning by director or supervisor, topics by partici-pants.....			1	1	1	4	2	5	7
Total	1	4	1	4	1	4	3	12	15

One supervisor and six staff nurses thought that the program should be planned by the participants. The reasons given were that the staff could choose the topics they wanted, and as a result they would show more interest in the total program. Two supervisors and five staff nurses thought that the director or the supervisor should do the over-all planning and that the participants should be consulted regarding the content. They felt that this method would provide better organization and, at the same time, would permit staff nurses to have the topics they wanted. Only one staff nurse thought that the director or the supervisor should assume the total responsibility for the program because "staff members are too busy to do so."

It was interesting to note that all the respondents in one of the agencies thought that the participants should plan the inservice education program. In another agency all the respondents thought that the program should be planned by the director or the supervisor, with the participants choosing the topics. It was possible that the respondents were describing the method of planning with which they were most familiar; in other words, that which was employed in their own agencies.

The respondents gave forty-eight replies when asked what they saw as the purposes of an inservice education program in public health nursing. Table 2 shows these replies and the differences in the opinions of supervisors and staff nurses.

TABLE 2.-- Opinions of supervisors and staff nurses regarding the purposes of an inservice education program in public health nursing

Purposes	Supervisors	Staff Nurses	Total Responses
To keep staff up to date with trends in nursing	1	11	12
To stimulate and encourage staff	2	10	12
To improve service provided for community	2	4	6
To increase awareness of community resources		5	5
To keep up with hospital staff		4	4
To help staff who are unable to return to school		3	3
To fulfill a requirement if nursing is to be considered a profession	2		2
To produce uniform level of efficiency among staff members	1		1
To show students that public health nursing is not static		1	1
To improve staff performance in all areas	1		1
To promote ability to work as group members		1	1
Total	9	39	48

One supervisor thought that inservice education would produce uniform efficiency among staff members while another thought that it would improve staff performance in all areas. Two supervisors considered that inservice education was necessary if nursing was to be considered a profession.

The supervisors did not share the staff nurses' opinions about five of the purposes of inservice education. One staff nurse thought that an inservice education program would indicate to nursing students that public health nursing was not static and that the presence of the program would influence recruitment. Another staff nurse said, "Our inservice education program should show the local physicians what we do. They do not always know what the public health nurse contends with."

Two supervisors and four staff nurses shared the opinion that inservice education for public health nurses would result in a better service to the community. These opinions agreed with the views of Wilson, who wrote that inservice education provided the agency with a nucleus of staff whose mastery in their work would "contribute to an increasingly high quality of service."[2]

The majority of the respondents considered that an inservice education program was a means of keeping staff members up-to-date, stimulated, and encouraged. The writings of Poole[3] and Rives[4] substantiate these opinions.

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[2]Dorothy Wilson, "Staff Education: Its Principles and Purposes," Public Health Nursing, 41:126, March 1959.

[3]Drusilla Poole, "Inservice Education Reaches a Milestone," American Journal of Nursing, 53:1456, December 1953.

[4]Ruth Easley Rives, "Inservice Education: The Supervising Nurse," Public Health Nursing, 44:394, July 1952.

Opinions related to area 2:

Table 3 shows the frequency of sessions which the respondents considered to be the most effective in an inservice education program.

TABLE 3.-- Opinions of supervisors and staff nurses regarding the frequency of an inservice education program in public health nursing

Frequency Which Is Most Effective	Supervisors	Staff Nurses	Total Responses
Weekly sessions.....	1	6	7
Sessions every two weeks.....	1	5	6
Monthly sessions.....		1	1
Study day every six months.....	1		1
Total	3	12	15

The supervisor and the six staff nurses who thought that weekly sessions were the most effective said that this spacing provided continuity of learning and stimulation for the staff. One supervisor and five staff nurses preferred sessions every two weeks because more frequent sessions interrupted the work routine and provided less interest and stimulation for the participants. One staff nurse said that a monthly session was preferable as there was so much routine work to be done. One supervisor gave the same reason for her suggestion that inservice education should take the form of a study day every six months. She added that a study day provided better correlation of topics and a better learning experience. These variations of opinions agreed with the writings of Gabig[5] and Erickson,[6] who point out that there is no "best plan" for a program of inservice

[5]Mary Grace Gabig, "Inservice Education for General Duty Nurses," American Journal of Nursing, 53:452, April 1953.

[6]Clifford E. Erickson, A Basic Text for Guidance Workers (New York: Prentice-Hall, Inc., 1947), p. 402.

education, and that the program should stem from the particular situation and the needs of the group.

The type of session which the respondents thought was the most effective in an inservice education program is shown in Table 4.

TABLE 4.-- Opinions of supervisors and staff nurses regarding the type of session which is most effective in an inservice education program

Type of Session	Super-visors	Staff Nurses	Total Responses
Panel of experts followed by discussion.....	2	7	9
Film followed by discussion.....	1	5	6
Depends on topic.....	3	3	6
Should be varied.....	2	4	6
Speaker followed by discussion.....	1	4	5
Discussion groups.....		3	3
Speaker with demonstration, visual aids.....		2	2
Buzz sessions.....	1		1
Total	10	28	38

Two supervisors and seven staff nurses said that a panel of experts in the topic, followed by discussion, permitted more participation than any other type of session. One supervisor and four staff nurses thought that a speaker followed by discussion also permitted participation and provided a consolidated learning experience. Two supervisors and four staff nurses said that varied sessions were stimulating, while one supervisor thought that buzz sessions were effective because they involved more participants. One staff nurse said that any type of session could be effective if it were well planned, but added, "Except buzz sessions, which always turn into social chat and no one learns anything."

One staff nurse thought that the content of an inservice education program should be related to a central theme, as this method permitted

continuity of subject matter and thorough learning. The other fourteen respondents said that selected topics covered more material, were more specific and interesting, and met the requirements of a greater number of participants.

Table 5 shows the books and periodicals which the respondents thought should be available for an inservice education program.

TABLE 5.-- Opinions of supervisors and staff nurses regarding books and periodicals which should be available for an inservice education program

Books and Periodicals	Supervisors	Staff Nurses	Total Responses
American Journal of Nursing.....	2	10	12
Nursing Outlook.....	2	8	10
Latest textbooks in nursing.....	3	2	5
Physicians' drug book.....	1	3	4
Literature from commercial drug houses.....	1	2	3
Public Health Nursing Practice (Freeman)....		3	3
All current journals and periodicals.....	3	2	5
American Journal of Public Health.....		2	2
Today's Health.....		2	2
Public Health Reports.....		2	2
This Week in Public Health.....		2	2
Industrial Nurses Journal.....	1	1	2
Publications of U. S Department of Health, Education, and Welfare.....	1		1
Dictionaries: regular and professional.....		1	1
Literature from insurance companies.....		1	1
RN.....		1	1
Total	14	42	56

Many of the staff nurses hesitated before answering this question. This may have been because they had not had an opportunity to select a library for an inservice education program or because the question was one which required more time for thought than the interview permitted. Despite their hesitation, the staff nurses provided forty-two responses, and

suggested eight publications which were not mentioned by the supervisors.

One supervisor suggested all the publications of the United States Department of Health, Education, and Welfare, and another said, "All current journals and periodicals and the latest text-books in nursing should be available, of course. But I would need to think about it. In my opinion, too many are worse than not enough." The other seven suggestions for books and periodicals were made by both supervisors and staff nurses.

Table 6 shows the respondents' replies when they were asked their opinions about the content of an ideal inservice education program.

TABLE 6.-- Opinions of supervisors and staff nurses regarding the content of an inservice education program

Content and Topics	Supervisors	Staff Nurses	Total Responses
Should depend upon interests of staff.....	3	7	10
Current trends in public health nursing....	2	4	6
Depends upon available resources.....	1	4	5
Maternal and child health.....	1	3	4
Mental health and mental illness.....	1	2	3
Principles of rehabilitation.....		3	3
Techniques of interviewing.....	1		1
Use of visual aids.....		1	1
Care of the cancer patient.....		1	1
Depends upon type of service offered to the community.....	1		1
Total	10	25	35

The three supervisors and seven staff nurses agreed that the content of the program should depend upon the interests of the staff and four other suggestions were shared by supervisors and staff nurses. Only supervisors thought that the content of the program should include the techniques of interviewing and should depend upon the type of service provided

by the agency. Only staff nurses thought that the content should include the principles of rehabilitation, the use of visual aids, and the care of the cancer patient.

Opinions related to area 3:

All the supervisors and nine of the staff nurses thought that anyone who was interested in the topic should be invited to attend the inservice education program and that as many agencies as possible should send participants. The principal reason given was that this participation would improve working relationships within the community. These opinions are in accordance with the views of Caswell,[7] who saw inservice education as a means of integrating nursing services. Two staff nurses said, "More people should know about our work." Two other staff nurses said, "Public health nurses only should be invited as their interests are different from those of other nurses." One staff nurse thought that hospital nursing staff should be invited to the sessions "if the topic is of interest to them."

All the respondents considered that attendance at an inservice education program should take precedence over other on-going activities unless an emergency arose and attendance would result in patient neglect. The respondents also agreed that it was possible to plan the daily work load so that they could attend the inservice education program. These opinions were supported by Freeman,[8] who wrote that "advance preparation makes it possible for staff to take full advantage of an inservice educa-

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[7]Phyllis Caswell, "Developing an Inservice Education Program," Nursing Outlook, 12:152, March 1954.

[8]Ruth B. Freeman, Public Health Nursing Practice (Philadelphia: W. B. Saunders Co., 1951), p. 413.

tion program." Five staff nurses said that in their agencies they helped one another so that all could attend the program, and three of them added the following remarks: "It all depends on whether the supervisor expects us to attend." "It is all a matter of the staff's attitude towards the program." "If it is not possible for us to plan our work so that we can attend, the program is no good."

Ten respondents, including the three supervisors, thought that attendance at professional meetings should be a part of inservice education. The supervisors added that since it was not possible for all the staff to go to these meetings, representatives should go and report back to the others in the agency. Three staff nurses considered that attendance at professional meetings should be optional. One staff nurse said, "I have not thought about it," and another added, "We should not have to go to these meetings."

The three supervisors and eleven staff nurses said that they enjoyed the sessions of an inservice education program when the topic was interesting, relevant to their work, and well presented. Conversely, these respondents found it impossible to enjoy any session "if the speaker and the topic are dull." Six staff nurses added, "Sometimes I am tired after my day's work." Another said that she did not enjoy any session which she felt was compulsory. Other reasons which were mentioned once were, "The group might be too big or too social." "I hate it when the equipment is not properly handled, like a film projector." "I don't like it when there is no time to ask questions."

Table 7 shows the respondents' replies when they were asked to state the areas of work with which an inservice education program might

particularly assist them. Only three answers were shared by supervisors and staff nurses. The techniques of supervision, administration, and interviewing were suggested by supervisors only, while ten areas of work were mentioned by staff nurses only. The principles of rehabilitation, maternal and child health, mental health and mental illness, care of the patient with cancer, and the techniques of interviewing were mentioned in answer to the question about the content of an inservice education program, and were repeated as areas of work with which an inservice education program might assist the participants.

TABLE 7.-- Opinions of supervisors and staff nurses regarding the areas of work with which an inservice education program might assist the respondents

Areas of Work	Supervisors	Staff Nurses	Total Responses
Uses and effects of new drugs and medications		5	5
Application of the principles of rehabilitation		5	5
The use of community resources	1	2	3
Co-operation with other health agencies	1	2	3
Application of knowledge of new surgical techniques, especially cardiac surgery		3	3
All areas of work	2	1	3
Promotion of mental health		3	3
Care of psychiatric patient		3	3
Care of orthopaedic patient		2	2
Maternal and child health		2	2
Application of principles of first aid		1	1
Care of geriatric, cardiac, cancer, and arthritic patients		1	1
Techniques of interviewing	1		1
Supervision and administration	1		1
Co-operation with local physicians		1	1
Total	6	31	37

The data showed that the fifteen respondents were unanimous in their replies to only three questions. All agreed that an orientation program was essential, that attendance at an inservice education program should take precedence over other activities unless neglect of the patient was involved, and that planning the day's work made attendance possible.

The opinions of the respondents varied regarding the purposes and content of an inservice education program, the responsibility for planning it, the most effective type and frequency of program, and the areas of work with which inservice education might be most helpful.

In some instances, the responses of the supervisors differed from those of the staff nurses. In other instances, both supervisors and staff nurses shared the same opinions. It has been mentioned in this discussion that the staff nurses hesitated in suggesting the books and periodicals which they thought should be available for an inservice education program. Otherwise all the respondents answered the questions with alacrity.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

This study was undertaken to determine the opinions of public health nursing supervisors and staff nurses regarding inservice education. The study of the problem was warranted because of an increasing awareness of the importance of inservice education even in those countries where public health nursing is in its infancy; because experience has shown that public health nurses do not always appreciate the time spent at inservice education programs; and because the study might provide information for the public health nurse who may be concerned with establishing inservice education programs in any country.

A review of the literature disclosed that a great deal had been written about inservice education in many areas but no studies were found about opinions of public health nursing supervisors and staff nurses.

The participants in the study were three supervisors and a random selection of twelve staff nurses employed in three visiting nurse associations in a large metropolitan area in southern New England. Nine participants were between the ages of twenty and twenty-nine, three were between thirty and thirty-nine, and three were forty years of age or over. Their experience in public health nursing varied from three months to twenty-eight years. Three participants were graduates of a basic collegiate program, and twelve were graduates of a diploma program. Of the latter group, six had further academic credits ranging in number from four to twenty-one, five had since obtained bachelor's degrees, and one a master's

degree.

An interview schedule of twenty-five questions was used to collect the data. The questions were formulated so that the responses would indicate the opinions of the participants regarding the following areas: the importance of inservice education, and the planning and purposes of the program; the frequency, type, and content of the program; the participation of staff nurses and the application of the learning experience to the work situation.

Opinions which were shared by both supervisors and staff nurses

The supervisors and staff nurses all agreed that if they were planning an inservice education program they would meet with all the staff and discuss their interests; that attendance at an inservice education program should take precedence over other on-going activities; that it was possible to plan the work to permit attendance; and that orientation was an essential part of inservice education. They also agreed that they could not enjoy any session of the program when the topic was uninteresting, irrelevant to their work, or presented in a dull manner.

All the supervisors and between seven and eleven of the staff nurses thought that an inservice education program was important in public health nursing; that the content should depend on staff interests; that personnel from other public health agencies should be invited to participage; that attendance at professional meetings should be considered a part of inservice education; and that any session of an inservice education program would be enjoyable if the topics were interesting, relevant to their work, and well presented.

All the supervisors and three or fewer staff nurses thought that the most effective type of session for an inservice education program depended upon the topic which was to be presented, and that all current journals, periodicals, and the latest textbooks in nursing should be available for the participants.

Two supervisors and four or more staff nurses agreed that the purposes of an inservice education program were the stimulation and encouragement of public health nursing staff, and the improvement of the service provided for the community. They also said that the program should be planned by the director or supervisor, with the participants choosing the content, which should include current trends in nursing; that the types of sessions should be varied; that a panel of experts followed by discussion was the most effective method; and that the American Journal of Nursing and the Nursing Outlook should be available for the participants.

One supervisor and four or more staff nurses thought that an inservice education program should be planned by the participants, that the content should depend upon the available resources, and that the purposes of the program were to keep staff up-to-date with trends in nursing. Some of this group thought weekly sessions were most effective, while others mentioned sessions every two weeks. The types of sessions this group thought most effective were films and speakers followed by discussions. They also thought that the content of the program should include maternal and child health, mental health and mental illness, and that literature from the commercial drug houses should be available for the participants. The areas of work with which they would like the program to assist them were in the use of community resources and in co-operation with other agencies.

Opinions which were expressed by supervisors only

Two supervisors thought that inservice education improved staff performance, produced a uniform level of efficiency among staff members, and fulfilled a requirement if nursing was to be considered a profession. The following were each mentioned once by a supervisor: the content of the program should depend upon the service offered to the community; a study day every six months should be considered; buzz sessions were an effective method; inservice education could assist supervisors to improve their skills in interviewing, administration, and supervision; and the publications of the United States Department of Health, Education, and Welfare should be available for the participants.

Opinions which were expressed by staff nurses only

Three or more staff nurses thought that an inservice education program should increase their awareness of community resources, assist public health nurses who could not go back to school, and help them to "keep up with hospital staff." They also thought that the program might assist them in caring for psychiatric and orthopedic patients, in attaining a knowledge of new surgical techniques, and the uses and dangers of modern drugs and medications, and in the application of the principles of rehabilitation. Staff nurses suggested eight publications which were not mentioned by the supervisors for the library of an inservice education program. The following opinions were expressed once by staff nurses: the director or the supervisor should assume the responsibility for planning the program; monthly sessions were the most effective; a central theme was preferable to selected topics; the program should promote an ability among the participants to work in groups; and one purpose of an inservice education pro-

gram was to show students that public health nursing was not static.

Conclusions

As a result of the findings of this study, the following conclusions are presented:

1. Public health nursing supervisors and staff nurses think that an inservice education program is important for public health nurses.

2. Although public health nursing supervisors and staff nurses might share opinions regarding inservice education, they do not necessarily expect that an inservice education program will assist them in the same areas of work.

3. The participants in an inservice education program should be consulted regarding the content and the type of session which is provided.

4. The participants should be consulted regarding the frequency of the sessions, and the time of day that they are held.

5. Personnel from other public health agencies should be invited to participate in inservice education programs for public health nurses.

6. A study of the opinions of public health nursing supervisors and staff nurses regarding inservice education can provide information for the public health nurse who may be concerned with the establishment of programs in any country.

7. Public health nursing supervisors and some staff nurses agree that the purpose of inservice education is the improvement of the public health nursing services provided for the community.

Recommendations

On the basis of the findings of this study, the following recommendations are made:

1. That a study be done to determine if public health staff nurses who are employed in official agencies have different opinions regarding inservice education from the opinions held by public health staff nurses in non-official agencies.

2. That a study be done to determine if public health staff nurses who work in rural areas have different opinions regarding in-

service education from the opinions held by public health nursing staff who work in urban areas.

3. That a study be done to determine the difference of opinions that directors, supervisors, and staff nurses in public health nursing have regarding inservice education programs.

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APPENDIX

INTERVIEW SCHEDULE

1. We read and hear a great deal about inservice education nowadays. I am interested in inservice education programs for public health nurses. Tell me, do you have any opinions about them?

2. What do you see as the purposes of inservice education programs in public health nursing?

3. Many people consider an orientation program to be an essential part of an inservice education program.
   How do you feel about this? Can you say why?

4. It is sometimes considered that attendance at an inservice education program should take precedence over other ongoing activities.
   What do you think about this?

5. Sometimes it may be difficult for supervisors and staff nurses to plan their work so that they can attend inservice education programs.
   What are your views about this?

6. Some people think that an inservice education program should be planned by the participants.
   What do you think about this?

7. It is sometimes considered that attendance at professional meetings is a part of inservice education.
   What do you think about this?

8. Some people prefer a central theme for the content of an inservice education program, others prefer selected topics.
   Which do you think is the most effective? Can you say why?

9. What kind of session do you think is the most effective? (Lecture, panel, case studies, discussions, speakers, other)
   Can you tell me why?

10. Probably, you have enjoyed the session at an inservice education program sometimes, and at other times not.
    Can you say why you might (a)enjoy the session
    (b)not enjoy the session

11. Are there any particular areas of your work with which you would especially like an inservice education program to help you?

12. Please imagine that you have everything available for the setting up of an ideal inservice education program. How would you go about setting it up?

13. What kind of program would you set up? (Weekly, study day, other) Can you tell me why?

14. Can you tell me anything of the content of your ideal program?

15. Can you name the books and printed materials which you would have available for your ideal inservice education program?

16. Who would you invite to attend the sessions at this program; just public health nursing staff, or other personnel?

17. Do you think that the presence of an active inservice education program in an agency influences recruitment? Can you say why you feel this way?

Thank you for giving me your time for this interview. I wonder now if you would tell me a little about yourself.

1. Do you mind telling me your approximate age?
   20....29 30....39 40....

2. Did you graduate from a diploma program....basic collegiate....

3. In what year did you graduate?

4. Have you taken any academic courses since graduation from your school of nursing?
   Course.....Where taken.....Year.....

5. How long have you worked in public health nursing?

6. What is your present position? Supervisor.....Staff nurse....

7. To which professional organizations do you belong?

8. to which professional publications do you subscribe?